



SAVINGS AND LOAN ASSOCIATION OF GOVERNMENT AUDITORS, INC.

Commission on Audit Compound, Commonwealth Avenue, Barangay Batasan Hills, Quezon City
Smart – (0921) 701-9089 or Globe – (0967) 035-4178 | Tel. No.: (02) 8255-6721
E-mail: slaga.concerns@gmail.com | Website: www.slaga.com.ph

REQUEST FOR DEATH CLAIM

Date:

Name of Member: (Last) (First) (MI)

Date of Death:

INFORMATION ON DESIGNATED HEIR

Claimant: (Last) (First) (MI)

Relationship to the Deceased
SLAGA Member:

Address:

Contact No/s.:

E-mail Address:

ID Presented:

Mode of Payment:

[] Deposit to Bank [] Pick-up
LBP Branch/Account Number [] Mailing
Other: Bank Name/Branch/Account Number

I hereby certify that the above information is true and correct. I also authorize SLAGA to deduct any cost relating to above modes of payment, such as bank charge, mailing fee, and fare cost.

Designated Heir
(Signature over Printed Name)

SLAGA ACTIONS

Documentary Requirements:

- ☐ Affidavit of SLAGA Claim & Settlement (Form 1)
- ☐ Death Certificate – Original/Certified True Copy
- ☐ Photocopy of valid ID of deceased SLAGA member
- ☐ Photocopy of valid ID/s of the legal heir/s
- ☐ Original/Certified True Copy of Birth Certificate of children. In case of descendant, Birth Certificate of descendant and his parent (child of deceased) shall be submitted
- ☐ Original/Certified True Copy of Marriage Contract of widow/widower
- ☐ Original/Certified True Copy of Birth Certificate of deceased, claimant is parent. In case of ascendant, the Birth Certificate of the deceased and that of parent of such deceased shall be submitted

Verified by (Loan/Sr Loan Officer):

Signature over Printed Name Date

Member’s Data as of

Capital Contribution
Outstanding Loan Balance
Loan Overpayments
Death Assistance
Excess Insurance Premium
Collected
Others:
Co-maker of:

Validated by (Accountant):

Signature over Printed Name Date

Reviewed By (Manager):

Signature over Printed Name
Date:

Posted in CAPLIS/SLIS:

Name Position Date